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Bib Data Sheet

CONFIRMATION NO. 4821

<b>SERIAL NUMBER</b> 10/730,783	<b>FILING OR 371(c) DATE</b> 12/08/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> 1238.009
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**APPLICANTS**

L. Dean Parks, Ocala, FL;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/159,938 06/03/2002 ABN which is a CON of 09/976,915 10/12/2001 PAT 6,399,651

which is a CIP of 09/605,747 06/29/2000 PAT 6,319,945

This application 10/730,783

is a CIP of 10/161,585 06/03/2002 ABN

which is a CON of 09/988,914 11/19/2001 PAT 6,399,652

which is a CIP of 09/967,945 10/02/2001 PAT 6,422,946

which is a CIP of 09/605,747 06/29/2000 PAT 6,319,945

09/976,915 10/12/2001 PAT 6,399,651  
 renewed / corrected 8/8/06

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 03/16/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 3
Verified and Acknowledged	Examiner's Signature: Initials:				

**ADDRESS**

27353

**TITLE**

Dermatological composition and kit containing avermectin compound for treating dermatological conditions

<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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